

Stair Prompt Survey

1. Before the stair prompts were installed how often did you use the stairs?

- | | |
|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Always | <input type="checkbox"/> Often |
| <input type="checkbox"/> Occasionally | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Never | |

2. Since the stair prompts have been installed, how often do you use the stairs?

- | | |
|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Always | <input type="checkbox"/> Often |
| <input type="checkbox"/> Occasionally | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Never | |

3. Is the information in the stair prompts motivational?

- | | | | |
|------------------------------|-----------------------------|-----------------------------------|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure | <input type="checkbox"/> N/A |
|------------------------------|-----------------------------|-----------------------------------|------------------------------|

4. Does the information in the stair prompts make the connection between physical activity and improved health?

- | | | | |
|------------------------------|-----------------------------|-----------------------------------|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure | <input type="checkbox"/> N/A |
|------------------------------|-----------------------------|-----------------------------------|------------------------------|

5. Have the stair prompts motivated you to use the stairs more often in other buildings?

- | | | | |
|------------------------------|-----------------------------|-----------------------------------|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure | <input type="checkbox"/> N/A |
|------------------------------|-----------------------------|-----------------------------------|------------------------------|

6. What other kinds of wellness information would you like to receive?

